

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 11/01/01 02/01/06
Section: Hospital Outpatient Subject: Outpatient Therapies	Section: 26.15 Pages: 2— 1 Cross Reference: Hospital- Inpatient 25.15 Outpatient Physical Therapy 47 Outpatient Occupational Therapy 48 Outpatient Speech-Language Pathology 49	

Refer to the appropriate therapy section in this manual:

Outpatient Physical Therapy, Section 47.0
Outpatient Occupational Therapy, Section 48
Speech-Language Pathology, Section 49.0

Therapy services are medically prescribed treatment for improving or restoring functions that have been impaired by illness or injury, or where function has been permanently lost or reduced by illness or injury, to improve the beneficiary's ability to perform those tasks required for independent functioning. DOM covers physical, occupational, and speech/language therapy provided in hospital outpatient departments by or under the supervision of licensed therapists with a written order from the physician. All practitioners and providers are required to meet state and federal licensing and/or certification requirements.

Therapist services include the following:

- comprehensive evaluation;
- individual treatment;
- group therapy (speech therapy only), and
- design, construction, and fitting of an adaptive device.

Before therapy is initiated, a comprehensive evaluation of the beneficiary's medical condition, disability, and level of functioning must be performed to determine the need for treatment and, when treatment is indicated, to develop a treatment plan. A comprehensive evaluation is an integral component of the therapy services. It establishes the baseline data necessary for assessing expected rehabilitation potential, setting realistic goals, and measuring progress. The evaluation of the patient's condition must form the basis for the therapy treatment goals. A comprehensive evaluation must include preparation of a written report for the beneficiary's medical record that contains at least the following information:

1. The name of the referring physician;
2. Objective evaluation findings;
3. A detailed treatment plan prescribing the type, amount, estimated frequency, and duration of therapy and indicating the diagnosis and anticipated goals, or the reason treatment is not indicated;
4. A description of any conferences with the beneficiary, the beneficiary's family or physician, or other interested persons;
5. A description of the beneficiary's psychosocial and health status that includes:



- ~~The present effects of the disability on both the beneficiary and family;~~
 - ~~A brief history, the date of onset, and any past treatment of the disability;~~
 - ~~The beneficiary's level of functioning, both current and before onset of the disability, if applicable; and~~
 - ~~Other significant physical or mental disability that may affect therapy.~~
- 6. ~~For speech/language therapy only:~~
- ~~Assessments of articulation, stimulability, voice, fluency, receptive and expressive language, and feeding/swallowing ability;~~
 - ~~A description of the beneficiary's cognitive functioning and hearing; and~~
 - ~~A description of the beneficiary's communication needs and motivation for treatment.~~
- 7. ~~For physical or occupational therapy only:~~
- ~~A description of the beneficiary's physical limitations;~~
 - ~~A description of the beneficiary's cognitive functioning and motivation for treatment, if applicable (OT only);~~
- 8. ~~The therapist's signature and the date of the evaluation.~~

DOM will pay for continuing therapy only when the physician's referral is renewed in writing every 30 days.

DOM will not pay for maintenance therapy. Maintenance therapy is defined as the point where the beneficiary demonstrates no further significant improvement, or the skills of a qualified therapist are not required to carry out and to maintain function at the level to which it has been restored. Designing a maintenance program and instructing the beneficiary, the beneficiary's family, or other persons in its use is considered part of a regular treatment visit and is not reimbursable as a separate service.

In addition to the above, the beneficiary's record must also contain the following:

- ~~The specific therapeutic procedures and methods used;~~
- ~~The amount of time spent in treatment;~~
- ~~The signature and title of the therapist who provided the service;~~
- ~~The beneficiary's response to treatment;~~
- ~~Any changes in the beneficiary's condition;~~
- ~~The problems encountered or changes in the treatment plan or goals, if any;~~
- ~~The location where the service was provided if different from that in the evaluation report;~~

AND

- ~~A discharge summary, when applicable.~~

~~The beneficiary's record should be legible and retained in the provider's file to be available for review at all times by DOM or its representatives. Refer to Section 25.15, Documentation Requirements, in this manual for further information on maintaining and documenting records (Section 25.15 applies to both inpatient and outpatient documentation).~~